Editorial

Anna K. Chacko, MD
Editorial Advisory Association Member

A Nightingale's Chorus

During my fellowship at the University of Rochester in 1988, I coauthored a book on magnetic resonance (MR) anatomy. MR was then a very new and exciting subspecialty. Recently, overcome by a feeling of nostalgia and a possibly maudlin longing for the good old days when things were less complicated and byzantine, I pulled the book down from the shelf. I was stunned—almost horrified—by the low quality and resolution of the images and the paucity of information. It was the best that was available at the time, and we had done the best we could.

Almost a quarter of a century later, advances in MR technology have taken on tectonic dimensions. Thanks to awe inspiring progress, we now have such innovations as ultrafast time to echo (TE) sequences, morphometry, hyperpolarized C-13, and tractography. Two decades ago, gray-white matter differentiation in the brain was a singular and seminal achievement. Now, the ability to visualize the stripe of Gennari in the calcarine cortex is a reality! Similar progress has been made in such radiologic areas as nuclear radiology, positron emission tomography, ultrasound, and minimally invasive and image-guided intervention.

These advances will change the manner in which we diagnose and follow disease, with increasing resolution starting on the macroscopic level and moving on to the molecular level. These changes will spill over into improved treatment modalities, such as the image-guided administration of gene or stem cell therapy.

Over the past several decades, increasing subspecialization within the specialties of medicine and surgery has become so commonplace that one rarely gives it any thought. These subdivisions have been incorporated into the structural fabric of health care management. Although this trend has been slower to take hold in radiology, take hold it has. Its outcome is likely to be reflected in the structuring of radiology residency programs and the construct of board examinations. Soon, the staffing of larger, tertiary care radiology departments with mostly general radiologists will become unconscionable—particularly given the increasingly savvy consumer base.

The federal government and its agencies are the purveyors of health care to some of the most disenfranchised of our society—veterans, Medicaid and Medicare beneficiaries, elders, and the indigent and homeless—who deserve the best care we can provide. If health care reform is to work, it has to start with the government. To provide indifferent care or care that is driven solely by the desire to lower costs to this segment of our citizenry is to betray our charter as health care providers.

Yet there abound instances in the federal health care systems in which radiologic care is provided with no thought of the recipient of that care. To add insult to injury, there are radiology departments that are run by pathologists, dieticians, or phlebotomists, with little input from radiologists and radiologic technologists. The result of such mismatched or unspecialized leadership is unwise spending in the procurement of equipment without sufficient knowledge of the necessary software or firmware, technological advances in equipment, or the diagnosis of disease. It also leads to interference in the ordering and delivery of radiopharmaceuticals and therapies from individuals other than authorized users. Given the advances in communication technology and the easy access to subject matter expertise, there is little excuse to provide desultory imaging expertise or to exclude input from individuals with that expertise into the purchase of equipment, contrast materials, or radiopharmaceuticals. Consider that, in most larger, tertiary care hospitals, it would be unacceptable to relegate the interpretation of neurologic imaging examinations to any other than those who are board-certified in radiology and fellowship-trained in the appropriate subspecialty.

My plea is that we exercise our sentience to choreograph a wise and healthy radiology system for our patient population. This can be done only if the leadership of the hospitals and clinics recognize their limitations in their grasp of the specialty. In short, there has to be meaningful and palpable oversight of the leadership with responsible input from radiologists.

In the mid 1990s, I read a phenomenally well written book entitled *The Nightingale's Song,* authored by Robert Timberg, who was then the deputy chief of *The Baltimore Sun*'s Washington bureau.[1] I was profoundly moved by the elegance of the writing, but what was most inspiring was the book's original premise. Following the Vietnam War, according to Timberg, America had labored under a decade and a half of self-loathing. But when Ronald Reagan became President, his vocal support of the veterans who had served in Vietnam gave the country a renewed sense of its image and its role

Continued on page 12

Continued from page 10

in the world. The book discusses the lives of five Naval Academy graduates: John Poindexter, Oliver North, John McCain, Jim Webb, and Bud McFarlane, men who Timberg says, "shared a seemingly unassailable certainty. They believed in America."[1] The title of the book comes from a legend that a young nightingale cannot begin to sing until it hears the song of another nightingale. Timberg says Reagan served as the nightingale who started the song, which was then taken up by his five protagonists, along with an entire generation of public servants whose songs had been silenced or lessened by the reception of the Vietnam veterans upon their return from deployment.

If we are to fulfill our duty as federal providers of radiologic expertise, our song has to start somewhere. We have just come off the holiday season; I would take the liberty to prolong it just a little bit longer, quoting George Smiley's 2004 "Christmas manifesto": "In this holiday period, when the word 'peace' is on everybody's lips, some points bear repeating: wishing for 'peace on earth' does not make it so. Many of the people who live free and in peace today do so because someone was willing to lay down their ploughshare, pick up a sword, and fight for it. In many cases, that person was a young American who interrupted his own life to fight for the freedom of others."[2]

I believe that we as a nation need to develop a "nightingale's chorus" in which we demand the very best for patients, instead of the pedestrian and plebian, and commit to caring, instead of careerism. For the federal patient population, which includes the more than 30,000 veterans returning from war for our tender ministrations, we have no excuse but to deliver the best care with the highest order of commitment. This is an impassioned plea from a veteran, a previous provider, a retired soldier, and one who passionately believes in America.

Author disclosures

The author reports no actual or potential conflicts of interest with regard to this editorial.

Disclaimer

The opinions expressed herein are those of the author and do not necessarily reflect those of Federal Practitioner, *Quadrant HealthCom Inc., the U.S. government, or any of its agencies. This article may discuss unlabeled or investigational use of certain drugs. Please review complete prescribing information for specific drugs or drug combinations—including indications, contraindications, warnings, and adverse effects—before administering pharmacologic therapy to patients.*

REFERENCES

1. Timberg R. *The Nightingale's Song*. New York, NY: Simon & Schuster; 1996.
2. Smiley G. Peace on Earth, goodwill toward men—My Christmas manifesto. http://dailydemarche.blogspot.com/2004/12/peace-on-earth-goodwill-toward-men-my.html. Posted December 24, 2004. Accessed January 28, 2010.